

CHIEF'S CORNER

"The Budget: What does it mean for the Fire Department?"

Well it's that time of year when City Council and City Administration are dealing with the budget for the upcoming year.

This year is no different in that there will be challenges to overcome as requests always exceed revenues and we look for places to cut. In this month's Chief's Corner, I thought I would review how the Fire Department fared in the budget process for this year.

The Fire Department finalized its budget request and submitted it to the City Manager in November 2005. Our initial request was in excess of \$13.7 million dollars (quite a chunk of money by anyone's standard, except maybe Bill Gates). This request included approximately \$12.6 million in salaries and fringe benefits, with the remaining monies slated for non-personnel services. This figure included over \$500,000 in salary and fringe benefits increases over last year's request.

As the budget process moved forward we didn't hear much but knew that the resources were limited and the task of balancing the budget was going to be a challenge.

In February, we received a request from City Administration to submit documentation to reduce our budget request by three percent. If you do the math you will find that would require a reduction of a little over \$400,000 of our request. Now, in a budget comprised of 92 percent personnel costs, where do you find that amount of money and still have enough left to support answering calls for service? Remember, we cannot reduce the amount for fuel, utilities or supplies such as medical equipment or oxygen, so where do you cut?



Well, you start with the things you can live without if you have to, like training and small tools and equipment, (including some items for the stations). After gleaning all you can from these items, you move to positions, and that's what we did. We gleaned the remaining amount from salaries.

When we finally received our draft budget at the beginning of March 2006 from City Administration, we felt very lucky because no positions were taken. We did, however, lose about \$90,000 in our small tools and equipment code as well as some training monies.

While this is certainly a "hit," it is not too bad, considering the size of our budget and the losses some other city departments experienced.

The City Manager's proposed budget also includes an average three percent raise for all employees in July 1, 2006. This raise, coupled with the recent three percent we received in January, will require a lot of city funding resources both this year and in the future. In order to capture resources, we need to be as frugal as possible, while still ensuring we have the "stuff" we need to get the job done.

So what's the bottom line? In the FY2007 budget process, the Fire Department did very well. We didn't lose any positions and we have sufficient non-personnel monies to get the job done. We were even able to shift some resources and put some

funding back in our minor tools and equipment code. All in all, I would say this budget is a success for us and the City. However, we must remember that we are all stewards of City funds and must manage them wisely; our citizens deserve nothing less.

A public hearing is scheduled for April 4th prior to City Council officially adopting the FY2007 budget in late May. If Council approves the Manager's proposed budget as submitted, it looks like it will be a good year for the Fire & EMS Department.

As always, have a good month and remember the most important thing; everyone goes home safe at the end of the shift.

Brad

City Manager Appoints New Fire Chief

"This is a great opportunity for me at this stage in my career, and I appreciate the City Manager's belief in me and my abilities to serve this community as its Fire Chief."



On March 20, 2006, City Manager Kim Payne announced that he has appointed Acting Fire Chief Brad Ferguson to the position of Fire Chief effective April 5, 2006.

Ferguson was appointed Acting Fire Chief in December 2005, following the resignation of Fire Chief Buddy Martinette. Martinette left the Lynchburg Fire & EMS Department to take a position with Hanover County.

"I didn't see the need to launch a nationwide search for a fire chief when we already had someone who possesses all the attributes and talents we were looking for in the acting position," said Payne. "I have great confidence in Brad's skills and abilities, and I believe he is the right person for the job."

Ferguson joined the Fire Department in June 1976 and served as a Firefighter and Emergency Medical Technician. He was promoted to Battalion Chief of Emergency Medical Services in 1981. In 1993, he was promoted to Deputy Chief of Administration, and in 2005, he became Deputy Chief of Administration and Operations and served in that capacity until he was appointed as Acting Fire Chief in December 2005.

"This is a great opportunity for me at this stage in my career, and I appreciate the City Manager's belief in me and my abilities to serve this community as its Fire Chief," said Ferguson. "This City has one of the greatest fire departments in the nation with some of the best men and women in the fire service, and I have always been proud to be a part of it."

Ferguson is credited with establishing the department's first ALS Medic Units, developing and instructing Emergency Medical Technician (EMT) initial and re-certification training for the department, and guiding the efforts to establish EMT certification as a requirement for employment with the Fire and EMS Department. He also provided leadership and direction for the area's first National Registry Paramedic Program and obtained certification with the highest grade in the class, and for six years he served on the Governor's Advisory Board for Emergency Medical Services.

Congratulations Chief Ferguson!

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Certifications

Adjunct Instructor In-Service NFPA 1403 Awareness

Doug DeJarnette

Associate of Science - Fire Science

Matt Smith

Communicating With Children

Anthony Andrews
Michelle Drake
Robert Lipscomb

Allen Carwile
Darrell Evans
Jeannie O'Brien

Jennifer Collins
Ronnie Lewis
Skip Ritzman

Emergency Medical Technician - Basic

Jeannie O'Brien

Fire Instructor I

Jennifer Collins

John Norman

Rob Turner

Fire Instructor II Certification Course

David Bowles

Fire Officer I

Darryl DuBose

Hazardous Materials Awareness Update

Michelle Drake
Nathan Sheppard

Jodi Lipscomb

Jonathan Murdock

An Introduction To Hazardous Materials

Tom Swisher

N.F.A. Incident Safety Officer (ISO)

Anthony Andrews

Jonathan Wright

N.F.A. Leadership II: Strategy For Personal Success

Tom Bartell
Fletcher Wimbush, Jr.

Tim Jackson

Jody Mayberry

Public Fire & Life Safety Educator

Darryl DuBose

Jonathan Wright

Fire Marshal's Office to Host Classes

The Fire Marshal's Office will host the following upcoming courses:

Class: Vehicle Fire Classroom and Practical
Date: May 20-21, 2006
Location: Training Center
Time: 8:30 a.m. - 5:00 p.m.

Class: Fireworks and Explosives
Date: April 14, 2006
Location: Training Center
Time: 8:30 a.m. - 5:00 p.m.

PPE will be required for both classes to participate. Inspectors and Investigators will receive certification hours for this course. Class space is limited and will be filled on a first come, first served basis. If you are interested, please notify the Fire Marshal's Office and complete and submit a training request to the Training Division.

If you have any questions regarding either class contact the Fire Marshal's Office.

EMSAT Tapes

BLS Practical Stations

This video gives examples of what to expect when taking the Virginia BLS Practical Examination. It contains the following stations: Medical-Epi-Pen, Medical-Nitro, Medical-MDI (metered dose inhaler) and Trauma-Fall. A brief discussion of each station follows the action. Panelist: Laura Walker, NREMT-P, Tidewater EMS Council Education Coordinator.

The National Incident Management System

This EMSAT takes a brief look at statewide implementation of the National Incident Management System (NIMS) in Virginia. What is NIMS? What does it do? How is NIMS impacting EMS organizations in the Commonwealth? Instructor: Steve Grainer, VA Dept. of Fire Services.

Prehospital Care of the Stroke Patient

Stroke is the nation's third leading cause of death, killing nearly 157,000 people a year. Americans will pay about \$57.9 billion in 2006 for stroke-related medical costs and disability. This DVD covers stroke types, onset patterns, and key points on EMS response. Instructor: Tim Shephard, Ph.D.

To view any of these videos, contact Michelle Drake at ext. 6343 in the Training Division.

New Condition Codes Implemented

By: Will McChesney, Fire Administrative Officer

The Center for Medicare and Medicaid Services (CMS) announced in December 2005 that it would require the utilization of International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes when submitting requests for ambulance transport reimbursements to their agencies. This requirement becomes effective on March 27, 2006, and the department has been conducting training sessions for its personnel in order to ensure we are ready to "jump through this latest hoop."

The department's third party ambulance billing agency, Diversified Ambulance Billing, Inc. (DAB), recently met with ambulance transportation providers across the State to overview these regulations and to develop a framework that would make the transition to the new coding system as smooth as possible.

Departmental personnel documenting ambulance transports via our Pre-Hospital Patient Care Reports (PPCR) will utilize a prepared two page listing of "Medical Condition Codes" to select the most appropriate description of a patient's "chief complaint." In addition, certain categories of transports will require the use of "Transport Codes" that more specifically detail the circumstances surrounding these transports. When DAB receives our Patient Care Reports, their billing personnel will utilize the Condition Codes we provide to select appropriate ICD-9-CM codes to include in reimbursement requests to Medicare & Medicaid.

While this process sounds somewhat complicated (and it is to some degree), DAB has eliminated much of our potential workload by developing a shortened Condition Code listing that exhibits most of the medical situations we deal with on a daily basis. Additionally, DAB is assuming responsibility for reviewing the Condition Codes we provide in our reports and selecting the appropriate ICD-9-CM code to use for billing purposes. Thus, our personnel will be spared from having to utilize this massive ICD-9-CM code database.

Thanks to Battalion Chief Ninette Heath and EMS Billing and Collection Liaison Karen Thompson for their efforts in conducting employee training sessions, and thanks also to the many field personnel whom I'm sure will make this effort a successful one.

Physical Assessments and Bloodwork

The third six month department-wide physical assessments will be conducted at Lynchburg College. As part of the assessment, members will be timed on the completion of a 1 ½ mile event which will be conducted on the outdoor track. Participants should dress accordingly and wear appropriate shoes for the event. Assessment will include muscular strength (bench press, leg press, hand grip), and endurance (push-ups, sit-ups). The body composition tests require access to your pectoral, abdominal and upper thigh on men and triceps, abdominal, and upper thigh on women. It is essential that everyone arrive on time and be ready to start at their assigned time. Units will be out of service during the assessment.

Fasting bloodwork will be drawn by a phlebotomist from Centra Health.

NOTE: We will begin at 7:30 a.m. at Station 7 for Battalion 2. Once Battalion 2 has completed having blood work drawn, we will continue at Station 1 for Battalion 1. Anyone who had a physical or is scheduled to have one between March 1 - May 31 will not need to have their blood drawn again. No food or liquids (with the exception of plain water) for at least 12 hours prior to your bloodwork.

Physical Assessments				Fasting Bloodwork	
Date	Time	Shift	Units	Date	Shift
4/5/06	10-12	A	B1, E1, E8, M1	4/3/06	B Shift & M2
4/5/06	12-2	A	B2, E2, E5, R1	4/4/06	C
4/5/06	2-4	A	E3, E4, M3	4/5/06	A
4/7/06	10-12	C	B1, E1, E8, M1		
4/7/06	12-2	C	B2, E2, E5, R1		
4/7/06	2-4	C	E3, E4, M3		
4/12/06	10-12	B	B1, E1, E8, M1		
4/12/06	12-2	B	B2, E2, E5, R1		
4/12/06	2-4	B	E3, E4, M3		
4/21/06	10-12	B	T1, E7, M4		
4/21/06	12-2	B	T2, E6, M6		
4/21/06	2-4	B	Make Up		
4/28/06	10-12	C	T1, E7, M4		
4/28/06	12-2	C	T2, E6, M6		
4/28/06	2-4	C	Make Up		
5/5/06	10-12	A	T1, E7, M4		
5/5/06	12-2	A	T2, E6, M6		
5/5/06	2-4	A	Make Up		



Chief Jones Graduates from PELS

Congratulations to Battalion Chief Ed Jones who recently completed the Professional Executive Leadership Program (PELS) at the University of Richmond.

The PELS program is an intensive three-week, liberal arts based educational experience that focuses on the study of leadership. This program acquaints participants with best practices in leadership and challenges them to reflect upon their own leadership competency and examine ways for both personal and professional growth. Faculty from the University of Richmond teach the classes and are drawn from the Management Institute, Jepson School of Leadership Studies, Robins School of Business and several other schools within the University.

Open Burning Ban In Effect

The Lynchburg Fire Marshal's Office, in accordance with Fire Code regulations, has imposed a ban on all open burning effective immediately. Dry conditions coupled with low humidity and high winds have made open burning extremely hazardous. The ban will remain in effect until further notice. Should you have any questions regarding the open burning ban, contact the Fire Marshal's Office at 455-6342.

Knights of Columbus Award

On March 2nd, Battalion Chief Darrell Evans was presented with the prestigious Knights of Columbus Civic Award.



A primary method that the department draws upon to fulfill our vision of community service is through live fire training. This training is performed at the regional fire training ground where live fire scenarios are used to give real life experience to firefighters. In 2005, the burn building used for such training was in dangerous disrepair.

During the 2005 calendar year, Battalion Chief Evans worked tirelessly to facilitate the burn building's renovation and upgrade to modern standards. Beginning with the grant application through the construction of the facility, Battalion Chief Evans was instrumental in overseeing this project to completion. He maintained a presence at the job site to ensure the building was refurbished to specifications, while at the same time ensuring the work was being done in the best interest of the Lynchburg Fire & EMS Department. The new burn building will serve not only this department, but other departments in the region for many years to come. The upgrade in design will help facilitate many new live training scenarios that would not have been possible with the previous facility.

The department members are the beneficiary of this new facility; however, the primary benefit will be to the constituency by having a fire fighting and emergency medical team that is better prepared to serve the emergency needs of this community.

Congratulations Darrell!

April Anniversaries

Danny Booker	29 years	Paul Kilgore	24 years
Richard Bass	24 years	Carla Mann	20 years
Troy Burns	13 years	Ronnie Lewis	12 years
Blue Morgan	10 years	Jody Mayberry	10 years
Oscar Harmon	9 years	Tammy Sage	5 years
David Cox	4 years	Katherine Dunnville	4 years
Scott Hargis	4 years	Tim Jackson	4 years
Van Johnson	4 years	Kim Boyd	4 years
Stuart Massie	4 years	Steve Ripley	4 years
Nick Thomas	4 years		

New Arrivals

Congratulations to the following department members who have recently celebrated the addition of a new family member!

Brian & Duffie Jones welcomed their daughter, Summer Faye, on March 4th. She weighed 8 lbs. and was 21" long.

Jodi & Matt Lipscomb welcomed their daughter on March 15th. Katelyn Marie weighed 8 lbs. 12 oz. and was 21" long.



Avian (Bird) Flu – Is it a Threat?

Les Puckett, Emergency Services Coordinator

For a number of months, Avian Influenza Type A – or what's better known simply as the "bird flu" – has been making the news. Almost nightly, the broadcast media include segments in their evening news programs informing listeners about the avian influenza virus and reporting to which additional countries the virus is said to have spread. Images of healthcare workers clad in Tyvek protective suits that help prevent their contracting the virus themselves are flashed before us as they go farm to farm and settlement to settlement in the affected areas destroying domestic flocks of birds in order to slow the spread of the virus.



Originally detected in Southeast Asia, this serious influenza virus has now spread into the Mideast, Europe, and Africa. It has infected millions of wild and domestic fowl, including ducks, geese, chickens, and swans. How is it being spread so rapidly? Scientists suspect that wild waterfowl such as ducks and geese are spreading the virus into new areas during their normal seasonal migration. Infected with the virus, but showing no outward signs, they may be infecting domestic flocks along the way. Experts expect waterfowl infected with the virus to enter the United States via Alaska within the month.

Serious financial losses have occurred as the result of domestic flocks of chickens, ducks, and geese having to be destroyed, but that's not the only problem.

Some humans who have come into close contact with infected fowl have also contracted the virus. To date, 172 people in Southeast Asia, Iraq, Turkey, and Eastern Europe have reportedly contracted "bird flu," and 92 of them have died as a result of their exposure.

Since it's normal for influenza viruses to mutate into new, or "novel" strains, scientists are very concerned that this bird flu virus will soon mutate into a new virus that can easily spread from person to person, not just from infected birds to persons.

Humans will have no immunity to this new influenza virus strain, and there is currently no vaccine available to help prevent infection. If person to person spread of the new virus occurs, rapid spread of the influenza virus is likely. Eventually, the new virus would spread globally. Every country and region will be affected to some degree. This worldwide spread of the virus is what's known as a "pandemic."

Estimates from the Centers for Disease Control (CDC) and the World Health Organization (WHO) are that the infection rate of those who come in contact with this new strain of influenza may be as high as 25 percent. This in turn would result in significant absenteeism in the workplace due to illness of employees and their family members. If this occurs locally, it would have the potential to cause extensive disruption to the delivery of normal City services. Thus, many of those city employees who "make it all happen" could be sick and unable to work due to flu-related illness.

Both residents and visitors to the City of Lynchburg depend on us to provide a multitude of important municipal services daily; some of which are critical to both health and safety. Realizing this, the City Manager and his staff have begun developing an overall strategy to address problems associated with influenza pandemic should one emerge in the near future.

Be on the lookout for important information in the coming weeks that will provide information on such things as where to find pandemic preparedness information for yourselves and your families, how to lessen the chances of becoming sick with pandemic flu, and how the City plans to respond in order to ensure that critical city services would continue to be provided should a pandemic occur.



Pandemic Flu Information

Pandemic Flu information for individuals and families have been distributed to each fire station. The packets contain checklists, emergency contact forms, and Pandemic Flu Planning guidelines.

Each department member should review this important information about how to prepare themselves, as well as their families, in the event of a pandemic outbreak.

More information can also be found on pandemicflu.gov

Safety Corner

Watching Out For Bad Fats

If you want to reduce your weight and stay healthy on a calorie-controlled diet, it's important to choose the healthiest types of fats. The safest, most nutritious types are monounsaturated and polyunsaturated fats. The ones to avoid are saturated and trans fats. Excessive or prolonged intake of either of these is a major cause of coronary heart disease.

Check food labels to see if a product fits into your diet plan. It's recommended that saturated fats account for less than 10% of your daily caloric intake. Your intake of trans fats (hydrogenated or partially hydrogenated oils) should be negligible.

U.S. manufacturers are now required to list both saturated and trans fats separately on food products. This will help you determine if a food is made with healthy or unhealthy fats. Restaurants, which are not required to disclose the fat content of their foods, mostly use partially hydrogenated oils in their deep fryers. It's cheap and readily available, but a major source of trans fats. Of course deep fried foods are not the only ones that should be avoided — all fried foods are usually laden with fat.

Eating healthier and more safely will be easier with the new labeling requirements. Now it's up to you to choose the foods that will support your weight loss goals and your health.

What should I know about eating fat?

Study after study has shown that people in countries that eat mostly low fat, plant-based diets have lower rates of obesity, heart problems, cancer and many other maladies. But when these populations are introduced to the fat-laden Western diet — either because it is brought into their countries or because they move to countries influenced by it — their development of these maladies sharply increase.

One of the reasons we love fat is that it carries flavor. If you are trying to lose weight it is important to remember that a gram of fat contains more than twice the calories as a gram of protein or carbohydrate.

How many calories are there in a gram of food?

Food Source	Calories	Kilojoules
Protein	4	16.7
Fat	9	37.7
Carbohydrate	4	16.7

That means that each gram of fat you consume provides more than twice as many calories as a gram of protein or carbohydrate! As an example of how these numbers are used, imagine a food containing 10 grams of protein, 10 grams of fat, and 10 grams of carbohydrates. That would total 170 calories: $(10 \text{ g protein} \times 4) + (10 \text{ g fat} \times 9) + (10 \text{ g carbs} \times 4) = 170$. In this imaginary food, 40 calories come from protein; 90 calories come from fat; and 40 calories come from carbohydrates.

Foods like cheese stand out as among the most fat-laden, with a great number of their calories coming from fat. But as important as it is to select the healthiest foods, it is also important to consider how they are prepared.

Fried foods, especially deep-fried, contain a great amount of fat. While chicken and fish are usually leaner than beef, they can contain more fat than beef when they are fried. Look at how the number of grams of fat in a chicken breast changes depending on how it is cooked:

Cooking Method	Fat
Meat Only, Roasted	3.1
Meat Only, Fried	4.1
Meat & Skin, Batter Fried	18.5

Salad dressings, mayonnaise, and other condiments are high in fat content, greatly increase the calorie count and easily negate the healthy aspects of a meal. Replace mayonnaise-based condiments with fat-free alternatives like fat-free yogurt, ketchup and barbecue sauce.

While you should limit foods high in saturated fat, fat is necessary to maintain a healthy body. So don't try to eliminate fat altogether. Many people eat too much of the bad fats, but also eat too little of the good fats required for optimal health.

Types of Fat

As you have a better understanding of the different types of fat, you will learn which types are best avoided, as well as which types you should include in your diet plan. A high-fat diet increases the risk of heart disease and cancer. But a low-fat diet could be even worse if it contained the wrong kind of fats.

Saturated Fats

In saturated fats, the carbon atoms contain all the hydrogen atoms they can hold, thus the term "saturated." They come mostly from animal products, but also include tropical oils such as coconut and palm. Saturated fats are solid at room temperature. Examples include butter, cheese, and the fat found on meat. Saturated fats play the greatest role in raising blood cholesterol and putting us at greater risk for heart disease.

Unsaturated Fats:

Monosaturated fats come from vegetables. They remain liquid at room temperature, but become less fluid when refrigerated. Examples include canola, olive and peanut oils. Monosaturated fats are also found in avocados, olives and most nuts and seeds.

Polysaturated fats also come from vegetables, but they remain liquid both at room temperature and when refrigerated. Examples include corn, sunflower, and soybean oils. Unsaturated fats are better for you than saturated fats.

Hydrogenated or Trans Fats are created from unsaturated vegetable fats through a process that adds hydrogen. The process creates trans fatty acids, which are more like saturated fats; they last longer and remain solid at room temperature. Trans fatty acids are found in margarine, doughnuts and pastries, deep-fried foods and chips, and microwave popcorn. All the bad stuff we love to eat.

Trans fatty acids raise blood cholesterol, though not as much as saturated fats. They do, however, raise LDL or "bad" cholesterol while lowering HDL or "good" cholesterol. Watch for trans fatty acids on package labels, and where they are not listed watch for ingredients containing partially hydrogenated and hydrogenated oils. A food containing no animal products and labeled "cholesterol free" would look like a healthy food to anyone. But look closely. If it contains trans fatty acids, it could be unhealthy for everyone.

Cholesterol is a waxy substance that our bodies require for good health. However, excess cholesterol accumulates on the walls of our arteries and can lead to heart disease. Our bodies produce sufficient cholesterol on their own; most of the dangerous, excess cholesterol in our blood comes from eating other animals. Cholesterol is found in high-fat dairy products; egg yolks; liver and other organ meats; and high-fat meats and poultry skin. Plants contain so little cholesterol that they are generally considered to be cholesterol-free.

Essential Fatty Acids: Our bodies require these fats for good health, but can't produce them, so they must be consumed. Primary essential fatty acids are linoleic acid, an omega-6 fat, and alpha-linolenic acid, an omega-3 fat. Omega-6 fats are found in polyunsaturated fats like corn oil. Omega-3 fats are found in flaxseed, walnuts, green soybeans, tofu and certain fish including albacore tuna, salmon, and mackerel.

The actual content of a particular fat is not as clearly defined as these descriptions would lead you to believe. For example, beef fat is listed as saturated, but its actual content is just over half saturated. Olive oil is listed as monounsaturated, but its actual content is just over three-quarters monounsaturated. Olive oil is so often referred to as being a healthier fat that you might think of it as being healthy. But it is still pure fat, and 14% of it is saturated. Remember that fat is the nutrient which contains the greatest number of calories per gram. It is also the nutrient which your body most easily turns into body fat.

Butter or Margarine: The American Heart Association recommends margarine over butter due to the cholesterol content of butter. Softer margarines are hydrogenated less and contain fewer trans fatty acids. Tub margarine is usually better for you than stick margarine because it is less hydrogenated. There are also butter and margarine substitutes available that contain neither cholesterol nor trans fatty acids.

Be Healthy – Eat Healthy
Rick

Nutrition Facts

Serving Size 1 Tbsp (14g)
Servings Per Container: 32

Amount per serving

Calories 100 Calories from Fat 100

% Daily Value*

Total Fat 11g 17%

Saturated Fat 4g** 20%

Cholesterol 0g 0%

Sodium 115mg 5%

Total Carbohydrate 0g 0%

Dietary Fiber 0g

Sugars 0g

Protein 0g

Vitamin A 6%

Not a significant source of dietary fiber, sugars, vitamin C, calcium or iron.

*Percent Daily Values are based on a 2000 calorie diet.

** Includes 2 g trans fat